



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.** By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for _____ to compete in athletics for _____ High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the CHSAA *Competitor's Brochure*.

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA *Competitor's Brochure*.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is a statement on file with the superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that he/she has passed an adequate physical examination within the past year, noting that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, is physically fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian to participate; and, the parent and participant have read, understand and agree to the CHSAA guidelines for eligibility.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

PART II - MEDICAL HISTORY

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

MEDICAL HISTORY OF STUDENT & FAMILY		YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY		YES	NO
1.	Has a doctor ever diagnosed or treated your patient for any disease?	<input type="checkbox"/>	<input type="checkbox"/>	32.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently taking any prescription or non-prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have allergies to medicines, pollen, foods or situations?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Date of last head injury or concussion:		
5.	Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36.	Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37.	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	42.	When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	44.	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	47.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	48.	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	49.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	50.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	51.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	52.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	53.	What is the date of your last Tetanus Immunization? Date: _____		
23.	Have you ever had an x-ray of your neck for antero-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	54.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	55.	Age when you had your first menstrual period?		
25.	Have you ever been diagnosed with asthma or other allergic conditions?	<input type="checkbox"/>	<input type="checkbox"/>	56.	How many periods have you had in the last 12 months?		
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	57.	Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here:			
28.	Have you ever used an inhaler or taken asthma medicines?	<input type="checkbox"/>	<input type="checkbox"/>				
29.	Have you been without or are you missing a kidney or spleen or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>				
30.	Have you ever had any of the following conditions (within the last three months)?	<input type="checkbox"/>	<input type="checkbox"/>				
31.	Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>				

Parent/Guardian Signature: _____

Athlete's Signature: _____

PART III - PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____

*Trainer Stage or Maturation Index? (males only): _____

*Percent Body Fat: _____

*Pulse: *(rest) _____ *(Exercise) _____ *(Recovery) _____

*FEV or Peak Flow (test) _____ *(Exercise) _____ *(Recovery) _____

*Vision: Corrected: (L) _____ (R) _____ (Both) _____

Uncorrected: (L) _____ (R) _____ (Both) _____

	N	Abnormal	N	Abnormal
Eyes			Cervical Spine/neck	
Ears			Back	
Nose			Shoulders	
Throat			Arm/elbow/wrist/hand	
Teeth			Knees/hips	
Skin			Ankle/feet	
Lymphatic			Marfan Screen	
Lungs			*Urine	
Heart			*Hemoglobin or HCT and/or Iron stores	
Peripheral pulses			^Echocardiogram	
Abdomen			^Neurospyc Testing	
Genitalia/hernia (male only)			^Pelvic Examination	

*WHEN MEDICALLY INDICATED

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

CLEARED WITHOUT RESTRICTIONS

☐ Cleared AFTER further evaluation or treatment for:

☐ Cleared for Limited participation (check and explain "reason" for all that apply):

☐ Not cleared for (specific sports):

☐ Cleared only for (specific sports):

Reason(s): _____

NOT CLEARED FOR PARTICIPATION:

Reason(s): _____

Other Recommendations:

☐ Recommend monitoring during early conditioning because of weight/fitness/other

☐ Recommend restrictions or monitoring of weight loss or gain

☐ Other: Reasons: _____

MD/DO, PA, NP, DE-SPC#, Signature: _____

Date of Examination: _____

Date Signed: _____

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Athletic Permission

Please indicate the sport(s) your student will participate in:

Fall Sports

Cross Country

Football

Boys Golf

Gymnastics

Boys Soccer

Softball

Boys Tennis

Volleyball

Winter Sports

Boys Basketball

Girls Basketball

Girls Swimming

Wrestling

Spring Sports

Boys Baseball

Girls Golf

*Boys Lacrosse

*Girls Lacrosse

Girls Soccer

Boys Swimming

Girls Tennis

Track and Field

NOTE: Parents must notify Athletic Department to any changes in permission and resubmit this form.

Parent Approval for Participation in Denver Public Schools Athletics:

1. School district transportation will be utilized by all teams as available. When school district transportation is not available, transportation will be, as authorized by the school Athletic Director and/or Coach.
2. I have read the following information with my son/daughter and understand that athletes must abide by its terms
3. Students in the Denver Public Schools are eligible to participate in a medical, dental and life insurance program at their own expense. The building Principal or the Athletic Director has the necessary forms.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Date: _____

Parent Signature: _____

Student Signature: _____

Athletic Emergency Consent Form

Name of Student: _____

Parent/Guardian: _____

Home Address: _____

Phone: Home _____ Work _____

Emergency # if not at home or work: _____

Relative (1) _____ Phone: _____

Relative (2) _____ Phone: _____

Insurance Company: _____

Policy Number: _____

Family Doctor:

1. _____ Phone: _____

2. _____ Phone: _____

If contact cannot be made with any of the above, the coach will use his/her best judgment to protect and assist the injured in accordance with the Denver Public School Policy.

I, _____, parent or guardian of _____ in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician or qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the School District, and of its agents or employees, arising out of such medical treatment.

Date: _____ Signature of Parent or Guardian _____



Athletic Code of Conduct

Thomas Jefferson High School administration, staff, and coaches believe that students who are members of an athletic team are representatives of Thomas Jefferson High School and should exhibit appropriate behavior at all times; be it in uniform or out of uniform, on campus or off campus. The following rules/expectations are in effect throughout the school year, including weekend, vacations, and holidays regardless if the student is on or off school district property. The consequences outlined in this agreement are in addition to, not instead of, those the student may receive under the districts' student conduct and discipline, CHSAA By-laws, coaches' team rules or other sources. The Principal and/or Athletic Director may increase or modify these consequences in particular cases or in general as he/she deems appropriate.

The primary goal for all students is to receive a well rounded education. Coaches are to encourage all student athletes to do their best in the classroom. To assure that athletes exhibit appropriate behavior, a Code of Conduct has been established and will be enforced by coaches and administrative staff. Student Athletes who do not adhere to the Code of Conduct will be subject to appropriate disciplinary action which may result in suspension from school.

Eligibility

- All athletes must meet state and district eligibility requirements.
- Academic eligibility shall be determined by a weekly check of grades. Certification period of ineligibility will be from Monday through Saturday of each week.
 - Students must be enrolled in a minimum of 25 unique Carnegie units each semester
 - *Students may not have more than 1 F
 - Student grades should be changed only if one of the following conditions is met:
 - A teacher has made a mistake and submits paperwork via email to the AD confirming their posted grade was inaccurate
 - If a student has an excused absence and makes up missed work within the school approved guidelines for submission of that make up work.
 - Athletes must attend a minimum of 50% of their academic schedule the day of a contest or the Friday before a Saturday contest unless otherwise excused by the Principal or AD.

*** Each individual program reserves the right to have higher academic standards than listed above as described in their team/player handbook.**

Student Conduct in Athletics

- Each program has the prerogative to establish additional rules/expectations/standards pertaining to his/her individual sport than those listed below. These additional rules/expectations/standards will be communicated to student athletes in writing at the start of each season.
- ***Consequences for failure to meet the following Athletic Program standards/expectations for conduct will range from suspension from play up to dismissal from team.*** The student athlete's record of character, academic achievement and past behavior can be taken into account when determining severity of consequence.

- TJ Student Athletes will make their education a top priority.
 - TJ Student Athletes will be good teammates/classmates and put team needs ahead of their own.
 - TJ Student Athletes will show respect to **ALL** others.
 - TJ Student Athletes will respect school property and the personal property of others.
 - TJ Student Athletes will carry themselves with class and honor at all times.
 - TJ Student Athletes will exhibit good sportsmanship on and off the field.
 - TJ Student Athletes will not be associated with drugs and alcohol in any way. (Use, possession and/or distribution will follow Denver Prep League Controlled Substance Guidelines)
 - TJ Student Athletes are expected to complete the entire season in good standing.
- Once the school administration is made aware of a violation of the Code of Conduct they will review the evidence and determine if any violations did in fact occur and then notify the student athlete, their coach, and the student athlete's parents of the violation and the consequences of the violation, if any. The CHSAA's constitution allows schools to impose stricter standards. Hence it must be understood that ***any penalty levied by the administration will be final and binding. Final determination of the severity of punishment will be left to the discretion of the Athletic Director. Behavior contracts may be used when reinstating an athlete from a suspension. Your signature acknowledges receipt of the document.***

Student/Athlete signature

Coach

Parent/Guardian signature

Date

WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

Instruction: Sign both copies, retain one for your records, and return the other to your school.

Student's Name _____ Sport(s) _____

This will acknowledge that we have read and understand the
material contained in the NOTICE TO ATHLETES AND
PARENTS OR GUARDIANS.

* * * * *

Signed _____ Date _____
Parent or Guardian

Signed _____ Date _____
Student



1b

STUDENT ELIGIBILITY INFORMATION FORM and CHSAA Anti-Hazing Policy

I hereby give my consent for _____

to compete in athletics for _____ High School
in Colorado High School Activities Association approved sports, except as noted on the Physical Examination
and Parent Permit Form, and I have read and understand the general guidelines for eligibility as outlined in the
CHSAA Competitor's Brochure (as found on the CHSAANow.com website).

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA
Competitor's Brochure.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is a statement on file with the
superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that
he/she has passed an adequate physical examination within the past year, noting that in the opinion of
the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, (DC, Spc.) is
physically fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian
to participate; and, the parent and participant have read, understand and agree to the CHSAA guidelines for
eligibility.

CHSAA Anti-Hazing Policy

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing includes,
but is not limited to humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive
consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand
that hazing of any type is not permitted in any CHSAA sanctioned activity.

I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately
report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or
administrator in my school.

By signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also understand that
any violation of this could result in school or team consequences that could include dismissal from the activity or
further disciplinary consequences and/or referral to law enforcement.

Student Athlete Signature

Date



CHSAA BYLAWS – PARENT & STUDENT INFORMATION

Per Bylaw 1720.1, parents and participants must be informed, understand, and acknowledge basic CHSAA eligibility rules and they must acknowledge the risk of participation. This acknowledgement must be kept on file with the school.

A student's participation in high school activities is dependent on his/her eligibility. Protect that eligibility. Read the following summary of Colorado High School Activities Association rules that govern a student's participation. Students and parents alike need to review these rules and ask questions of their coaches/directors, athletic director and school administrators. If a student has any questions, he/she should seek the answers before participating by going first to the coach or athletic director.

****Please review the following information and acknowledge your understanding of the CHSAA Bylaws by signing at the end and submitting to your School's Athletic Director. Click the blue underlined links to read more information!**

The CHSAA

The Colorado High School Activities Association has been the governing body of high school athletics and activities (speech, student council and music) in our state since 1921. Our Code of Ethics is integral to our Mission and Vision. The student's school is a voluntary member of the CHSAA and has agreed to follow its rules. Both your school and the Association believe in equal competition among schools and the close relationship between academics and activities.

I. Discrimination

A student-participant will not participate in or condone unfair discriminatory practices against a fellow participant due to age, gender, race, ethnicity, religion, sexual orientation, or disability, nor shall the student be discriminated against under the same criteria.

II. Hazing & Bullying

As a student-participant, I will not be the organizer of, or participant in an activity constituting hazing. Hazing is defined as any conduct or method of initiation, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include but is not limited to whipping, beating, branding, forced behaviors involving, food, alcohol, drugs or other substances, destruction of property, and/or brutal treatment or forced physical/sexual activity which is likely to adversely affect the physical health or safety of the student or any other person.

The CHSAA Rules of Participation

1. Academic

A school must select one of three options for determining the eligibility of all its students, and schools have the right to impose stricter standards.

2. Make-up Work

Each student must be academically eligible in accordance with the above section at the time of participation and during the previous semester. Make up work shall not be permitted after the close of the semester for the purpose of becoming eligible. (Cases involving special circumstances should be referred to your principal.)

If eligibility has been lost from a previous semester, students may regain their athletic eligibility for Fall 2013 on October 10 and for Spring 2014 on March 7 by meeting the respective eligibility requirements above.

Summer school credits accepted by the school may be used to replace credits in subjects failed during previous semesters.

Dropping a class may make you ineligible. If you play while ineligible, you may cause your team to forfeit any contests in which you played.

3. Citizenship

The school principal must approve the student to be a representative of the school's standards of citizenship, conduct and sportsmanship.

4. Conduct – Ejections

If a student is ejected from a contest for unsportsmanlike conduct, he/she will be ineligible for the next scheduled match or contest played at that level including qualifying and state contests. The student may not participate in any contests at any other level during this period. For the season, the student will be permitted to compete in one fewer contest than the maximum allowed each participant in the sport.

A second ejection during the season shall result in a 2 contest suspension. A third ejection will result in a review of the student's future eligibility by the CHSAA Commissioner.



CHSAA BYLAWS – PARENT & STUDENT INFORMATION

If a student is ejected in the final contest of a season, he/she is ineligible for the first contest of the next sport in which he/she competes and completes the season. Players leaving the bench during a fight shall be ejected and ineligible for the next contest.

5. Outside Competition

As a member of any high school team, a student may practice or compete in that sport during that sport season in a non-school event with prior written permission of the principal.

Members of high school teams may compete in non-school events in that sport without written permission on the day following the completion of the season for the level (freshman, sophomore, junior varsity, varsity) of the team on which they are competing. NOTE: A student becomes subject to the outside competition rule on or after the first date of formal practice, when he or she reports out for practice and is in contention for a berth on the team.

6. Undergraduate

A student may not be a graduate of any high school and participate in high school athletics.

7. Recruiting

Any recruiting based on athletic ability or interest is prohibited.

8. Age

A student's 19th birthday must fall on or after August 1 of the current school year. Exceptions to this rule, based on educational handicaps, may be requested, provided the student's original class has not graduated.

9. Semesters

Upon entering high school, a student's eligibility will continue only until his/her original class graduates. Once entering ninth grade, a student has eight consecutive semesters of eligibility. NOTE: If a student drops out of school or misses competition due to an injury, he/she will not receive additional eligibility.

10. Seasons

A student is allowed a maximum of 4 seasons in any sport.

11. Physical Exam

A student may not practice or compete (music, student council and speech participants are exempt) without a physical exam that is:

- Signed by an MD, DO, chiropractor who is school physical certified (DC, SPC), nurse practitioner or physician's assistant licensed by the State of Colorado.

- Current within the last 12 months.
- On file with principal or athletic director prior to first practice.

12. Practice

A total of 5 different days of practice is required before participating in any interscholastic game or scrimmage (except football which needs 9 days). OTHER EXCEPTIONS: (A) Golf, skiing, softball and tennis players. (B) Participants in state playoff games completed on or after the first day of formal practice.

No contact between a coach and player is allowed on Sundays during the school year unless it is for a social, academic or service related activity that is strictly voluntary. A student cannot be required to practice or compete outside of the season as a condition of making the team.

13. Transfer Rule

A student who participates in a formal practice at the beginning of the school year and then transfers without a parental move will be ineligible for varsity competition for the remainder of that sports season.

Athletic Transfer

Any transfer substantially motivated by athletic considerations will cause the student to be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer.

Summer Transfer

A transfer from one high school to another during the summer without a permanent change of domicile by the student and his/her family to the attendance area of the new school will render the student ineligible for varsity competition for the first half of the season in any sport in which the student competed during the previous 12 months. The student may practice with the team and play at the sub-varsity level during this period of restricted participation.

Mid-year Transfer

A student who transfers after the start of the school year without an accompanying family move shall:

- Have restricted (sub-varsity) eligibility for the remainder of that school year in sports played in the last 12 months.
- In the next school year, the student will have only sub-varsity eligibility for the first 50% of the season in those sports played 12 months prior to the move.



CHSAA BYLAWS – PARENT & STUDENT INFORMATION

Transfer with Club Coach or Previous Coach

A student transferring, moving or for any reason to a new school where the student's non-school coach is also a coach of the school team, is considered to be attending for athletic purposes. The student, as a result of this transfer, will be ineligible for varsity competition for one calendar year from the date of the transfer in any sport(s) they participated in during the twelve months prior to the transfer. If a student transfers to a school where his/her previous coach is a coach of the current school team, that move will be deemed motivated by athletic consideration.

As used in this Rule, the coach may be a former school coach or non-school coach and the term "coach" includes any person who coaches, volunteers (regardless of compensation) or assists in any capacity with the coaching or training of the school or non-school team.

General Transfer Information

It is the student's responsibility to know the CHSAA Transfer Rule and how it affects that student's eligibility. The CHSAA Commissioner may grant exceptions to this rule in unusual cases. Only schools may submit a waiver. If a waiver of the transfer rule is requested, the student is not eligible until the waiver is approved by the CHSAA Commissioner.

Transfer cases involving separation and/or divorce proceedings should be reviewed with the school administration.

15. Awards

Individuals participating in any interscholastic athletic/activity sponsored and/or approved by the Association shall not accept cash or merchandise awards. Awards must be symbolic in nature with no functional or intrinsic value with a cost of no more than \$50.00.

16. Amateur

If a student participates in a CHSAA approved sport, in other than CHSAA competition, his/her amateur status is determined by the rules of the amateur governing body of that sport.

Amateur status of Colorado high school athletes applies only to sports sanctioned by the CHSAA.

After reviewing the above information, if you still have questions, please contact your school's athletic director. This list is by no means inclusive; however, it is intended to outline the most common questions and bylaws. For more information, please visit our website at www.chsaa.org.

Checklist for Student Eligibility

If a student cannot check all 10 items, he/she needs to contact the athletic director or principal.

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| <input type="checkbox"/> At least 5 full credit classes. | <input type="checkbox"/> Have not changed schools during the current school year without a corresponding move by parents. |
| <input type="checkbox"/> Option A (Failing no more than one class) | <input type="checkbox"/> Will not or have not turned 19 before August 1. |
| <input type="checkbox"/> Option B (Passing a minimum of 5 full-credit classes) | <input type="checkbox"/> Have never dropped out of school. |
| <input type="checkbox"/> Option C (Approved alternate academic program) | <input type="checkbox"/> Will not play more than 4 seasons in any sport. |
| <input type="checkbox"/> Complied with first two items last semester. | <input type="checkbox"/> Will not compete or practice in any non-school events in my sport once reporting out for the team, without the permission of my principal. |
| <input type="checkbox"/> Physical exam within the last calendar year. | |
| <input type="checkbox"/> Parent permit form on file at the school. | |

I have read and understand the CHSAA Eligibility Rules as documented here as well as specifically read in the CHSAA Bylaws. I understand and acknowledge the inherent risks of participating in Athletics.

Signed: _____ (Parent) _____ (Participant)

_____ (School) _____ (Date)